

U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

MOD007140874

I. STALLATION

INSTALLA-TION II. MAILING ADDRESS

Talbot Industries, Inc. P.O. Box 608 Neosho, MO 64850 PLEASE PLACE LABEL IN THIS SPACE

1211 W. Harmony Street

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-CATION before completing this form. The

III OF INSTAL- Neosh	o, MO 64850	(Section 3010 of the Resource Conservation and Recovery Act).				
FOR OFFICIAL USE ONLY						
	COMMENTS					
C R E I N S T A T E	TO ACTIVE STATUS					
INSTALLATION'S EPA I.D. NUMBER APPROVED (yr., mo., & day) Trial C R00354336						
F M O D O O 7 1 4 0 8		RCRA RECORDS CENTER				
I. NAME OF INSTALLATION	13 14 15 16 17 - 22					
II INSTALLATION MAILING	ADDRESS	67				
II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX						
3						
15 16 - 45						
c	ST. ZI	PCODE				
4 15 16	40 41 42 47	1 1 1				
III. LOCATION OF INSTALLATION						
ST	REET OR ROUTE NUMBER					
5 15 16						
	ITY OR TOWN ST. ZI	PCODE				
6 15 16						
IV. INSTALLATION CONTACT	T 40 41 42 47					
NAME	E AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)				
2 B O U R N E A L E	X V PRES SPEC PROJ	4 1 7 - 4 5 1 - 5 9 0 0				
V. OWNERSHIP						
	A. NAME OF INSTALLATION'S LEGAL OWNER					
8		111111111111111111111111111111111111111				
B. TYPE OF OWNERSHIP (enter the appropriate letter into bos		enter "X" in the appropriate box(es))				
F = FEDERAL	√ 1	TRANSPORTATION (complete item VII)				
M = NON-FEDERAL VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))						
A. AIR B. RAIL	C. HIGHWAY D. WATER DE. OTHE					
VIII. FIRST OR SUBSEQUENT NOTIFICATION						
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.						
C. INSTALLATION'S EPA I.D. NO.						
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)						
IX. DESCRIPTION OF HAZARDOUS WASTES						
Please go to the reverse of this form and provide the requested information.						

				W	13 14 18
IX. DESCRIPTION OF HAZ	ARDOUS WAS	TES (continued from .	front)		
A. HAZARDOUS WASTES FRO waste from non—specific source	M NON—SPECIFI ces your installatio	C SOURCES. Enter the n handles. Use additions	four—digit number from all sheets if necessary.	40 CFR Part 261.31 f	or each listed hazardous
1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7		9	10	11	12
23 - 26	23 - 26	23 - 26	22 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FRO specific industrial sources you	M SPECIFIC SOUP installation handl	RCES. Enter the four—des. Use additional sheets	ligit number from 40 CFF if necessary.	R Part 261.32 for each	listed hazardous waste from
13	14	15	16	17	18
V O C O					
K 10 16 12	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27 **** 1 ****	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
C. COMMERCIAL CHEMICAL F stance your installation handle	s which may be a	hazardous waste. Use ad	ditional sheets if necessar	γ.	33 for each chemical sub-
31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
 LISTED INFECTIOUS WAST hospitals, medical and research 	ES. Enter the found laboratories your	r—digit number from 40 r installation handles. Us	CFR Part 261.34 for each eadditional sheets if necessary	h listed hazardous was essary.	te from hospitals, veterinary
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23, - 26	23 - 26
E. CHARACTERISTICS OF NOI hazardous wastes your installa				ponding to the charac	teristics of non—listed
1. IGNITABLE		2. CORROSIVE	3. REACT	TIVE	4. TOXIC
C. CERTIFICATION	and a second			and the first process	
I certify under penalty of attached documents, and the I believe that the submitted mitting false information, in	hat based on my i information is	inquiry of those ind true, accurate, and c	lividuals immediately omplete. I am aware	responsible for obt	aining the information,
IGNATURE			FICIAL TITLE (type or p	rint)	DATE SIGNED
		Alex B		- AA	
alex Bourn	4	Vice P	resident Specia	1 Projects	5/2/84

EPA Form 8700-12 (6-80) REVERSE

EPA-AKWWI/SPRS

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